

Chapter HFS 111

LICENSING OF EMERGENCY MEDICAL TECHNICIANS—INTERMEDIATE AND APPROVAL OF EMERGENCY MEDICAL TECHNICIAN—INTERMEDIATE OPERATIONAL PLANS

HFS 111.01	Authority and purpose.
HFS 111.02	Applicability.
HFS 111.03	Definitions.
HFS 111.04	Licensing of EMTs—intermediate.
HFS 111.045	Transition of EMTs—intermediate licensed based on the 1989 national standard curriculum.

HFS 111.05	EMT—intermediate training permits.
HFS 111.06	EMT—intermediate training.
HFS 111.07	EMT—intermediate operational plan.
HFS 111.08	Enforcement.
HFS 111.09	Waivers.

Note: Chapter HSS 111 was repealed and recreated by emergency rule effective July 1, 1990. Chapter HSS 111 as it existed on January 31, 1991 was repealed and a new chapter was created effective February 1, 1991. Chapter HSS 111 as it existed on August 31, 1996 was repealed and a new chapter HSS 111 was created effective September 1, 1996. Chapter HSS 111 was renumbered chapter HFS 111 under s. 13.93 (2m) (b) 1., Stats., Register, August, 1996, No. 488. Chapter HFS 111 was repealed and recreated eff. 2–1–02.

HFS 111.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.50 (4) (c), (5) (b), (6) (b) 2., (6n) and (13) and 250.04 (7), Stats., to protect members of the public who require emergency medical care in prehospital or interfacility settings by establishing standards for licensing emergency medical technicians—intermediate (EMTs—intermediate) and for approving county, city, town, village and hospital emergency medical service plans that propose to use EMTs—intermediate to deliver emergency medical care.

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.

HFS 111.02 Applicability. This chapter applies to any person who applies for or holds an EMT—intermediate license or training permit; to any organization applying for certification or certified to offer EMT—intermediate training; and to any county, city, town, village, hospital or ambulance service provider, or any combination of these, wanting to use or using EMTs—intermediate to deliver emergency medical care.

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.

HFS 111.03 Definitions. In this chapter:

(1) “Advanced life support” or “ALS” means use, by appropriately trained and licensed personnel, in prehospital and interfacility emergency care and transportation of patients, of the medical knowledge, skills and techniques included in the department—approved training required for licensure of emergency medical technicians—paramedic under ch. HFS 112 or emergency medical technicians—intermediate under this chapter and which are not included in basic life support.

(2) “Ambulance” has the meaning specified in s. 146.50 (1) (am), Stats.

(3) “Ambulance service” has the meaning specified in s. 146.55 (1) (a), Stats.

(4) “Ambulance service provider” or “provider” has the meaning specified in s. 146.50 (1) (c), Stats.

(5) “Basic life support” or “BLS” means emergency medical care that is rendered to a sick, disabled or injured individual, based on signs, symptoms or complaints, prior to the individual’s hospitalization or while transporting the individual between health care facilities and that is limited to use of the knowledge, skills and techniques received from training under s. 146.50, Stats., and ch. HFS 110 as a condition for being issued an EMT—basic license.

(6) “Biennial licensing period” means the 2–year period beginning July 1 of even–numbered years.

(7) “Cardiopulmonary resuscitation” or “CPR” means a procedure employed after cardiac arrest in which closed chest com-

pressions and artificial ventilation are used in an attempt to restore breathing and circulation.

(8) “Certified training center” means any organization, including a medical or educational institution, approved by the department under s. HFS 111.06 (1) to conduct EMT—intermediate training.

(9) “Clinical training” means training received in a hospital or health care facility.

(10) “Department” means the Wisconsin department of health and family services.

(11) “EMT—intermediate” or “emergency medical technician—intermediate” means an individual who is licensed under s. 146.50, Stats., and this chapter to perform the functions specified in this chapter relating to the administration of emergency medical procedures in a prehospital or interfacility setting and relating to the handling and transporting of sick, disabled or injured persons. This title and license level applies to EMTs—intermediate who were trained and licensed based on the 2001 Wisconsin revision of the national standard curriculum for training EMTs—intermediate.

(12) “EMT—intermediate transition course” means the subset of the full 2001 Wisconsin revision of the national standard curriculum for training EMTs—intermediate that is necessary for EMTs—intermediate licensed based on the 1989 national standard curriculum to complete to become licensed at the EMT—intermediate level.

(13) “EMT—intermediate instructor—coordinator” means a person approved by the department or, if employed by the Wisconsin technical college system board, jointly approved by the department and the Wisconsin technical college system board, who meets or exceeds the requirements identified under s. HFS 111.06 (1) (c) 4. and is the lead instructor for an approved course.

(14) “EMT—intermediate operational plan” means the plan required under s. 146.55 (2) (a), Stats., for training and using EMTs—intermediate to deliver emergency medical care in a specified primary service area.

(15) “EMT—intermediate refresher training” means training required for EMTs—intermediate under s. HFS 111.04 (5) (f) 1. as a condition for license renewal.

(16) “EMT—intermediate training course” means a training course approved by the department under s. HFS 111.06 (2) that consists of classroom, clinical and supervised field training and experience to qualify an individual for examination and an EMT—intermediate license.

(17) “First–in emergency medical care” means the ambulance that is the primary responder to a geographic area.

(18) “First responder” means a person who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency care to a sick, disabled or injured individual prior to the arrival of an ambulance, but who does not provide transportation for a patient.

(19) “Individual” means a natural person, and does not include a firm, corporation, association, partnership, institution, public agency, joint stock association or any other group of individuals.

(20) “Interfacility transport” means scheduled or prearranged transportation and non-emergency care of a patient between health care facilities. Interfacility transports may also include emergency transports between health care facilities based on local protocol.

(21) “Medical control” means direction, through oral orders or a department-approved protocol, supervision and quality control by the medical director or by a physician designated by the medical director, of the activities of an EMT-intermediate performing intermediate skills in the pre-hospital setting or during interfacility transport of a patient.

(22) “Medical control hospital” means an acute care hospital named in an approved plan as the hospital or one of the hospitals with a physician on call 24 hours per day and 7 days per week to furnish medical information and direction to EMTs by direct voice contact through radio or phone communication.

(23) “Medical director” means the physician who is designated in an EMT operational plan to be responsible for all of the following off-line medical direction activities:

(a) Controlling, directing and supervising all phases of the emergency medical services program operated under the plan and the EMTs performing under the plan.

(b) Establishing standard operating protocols for EMTs performing under the plan.

(c) Coordinating and supervising evaluation activities carried out under the plan.

(d) Designating on-line medical control physicians, if the physicians are to be used in implementing the emergency medical services program.

(24) “Mutual aid and back-up agreements” means an agreement for assistance from nearby providers for care when the primary ambulance service is unable to respond because primary ambulance service resources have been exhausted.

(25) “National standard curriculum for training EMTs-intermediate” or “national standard curriculum” means the emergency medical technician-intermediate: national standard curriculum, 1999 edition, published by the national highway traffic safety administration of the U.S. department of transportation.

Note: The U.S. Department of Transportation National Highway Traffic Safety Administration’s National Standard Curriculum for training EMTs-Intermediate may be consulted at the offices of the Department’s Bureau of Emergency Medical Services and Injury Prevention located at 1 W. Wilson St., Room 118, Madison, WI 53702 or at the Secretary of State’s Office or the Revisor of Statutes Bureau. The curriculum may be purchased from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954.

(26) “Off-line medical direction” means medical direction that does not involve voice communication provided to EMTs providing direct patient care. Off-line medical direction functions include education of EMTs, development of treatment and transfer protocols, development and implementation of disciplinary policies, and quality control and improvement of the care provided by an EMS system.

(27) “On-line medical control” means medical direction of the activities of an EMT-intermediate that involves voice communication provided to EMTs by the medical director or a physician designated by the medical director.

(28) “On-line medical control physician” means a physician who is designated by the medical director to provide voice communicated medical direction to EMT-intermediate personnel and to assume responsibility for the care provided by EMT-intermediate personnel in response to that direction.

(29) “Person” has the meaning specified in s. 146.50 (1) (L), Stats.

(30) “Physician” means a person licensed under ch. 448, Stats., to practice medicine and surgery.

(31) “Physician assistant” means a person licensed under ch. 448, Stats., to perform as a physician assistant.

(32) “Preceptor” means an individual licensed as an EMT-intermediate, an EMT-paramedic, a physician, a registered nurse or a physician assistant and who meets the requirements listed in s. HFS 111.06 (1) (c) 5. and who provides supervision of clinical or field experiences for individuals with an EMT-intermediate training permit.

(33) “Prehospital setting” means a location at which emergency medical care is administered to a patient prior to the patient’s arrival at a hospital.

(34) “Primary service area” means the geographical area in which an ambulance service provides first-in emergency medical care under contract or formal agreement with a local government and that is described in the operational plan required under s. HFS 111.07. “Primary service area” does not include areas that the provider serves through mutual aid agreements or back-up arrangements.

(35) “Protocol” means a written statement signed and dated by the medical director and approved by the department that lists and describes the steps an EMT-intermediate is to follow in assessing and treating a patient.

(36) “Provisional EMT-intermediate” means the title and temporary license level given to EMTs-intermediate licensed based on the 1989 or earlier version of the national standard curriculum as of February 1, 2002. The temporary licensing level will no longer be used after June 30, 2006.

(37) “Registered nurse” means a person who is licensed under s. 441.06 (1), Stats..

(38) “Reprimand” means to publicly warn the holder of a license, certification or permit that he or she has violated a statute or rule.

(39) “Restricted” means a determination by the medical director that an EMT-intermediate may not perform some or all of the skills that require medical director authorization.

(40) “Run” means a response by an ambulance to treat or transport a patient.

(41) “Scope of practice statement for interfacility transfers” means the department-approved guidelines that detail the equipment and staffing required for various levels of patient care during interfacility transfers.

Note: Staffing for patients that do not clearly fall into a category described in the Scope of Practice Statement for Interfacility Transfers should be discussed with the transferring institution and physician prior to transport. A copy of the Scope of Practice Statement for Interfacility Transfers document is available by contacting the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701-2659 or by calling 608-266-1568 or by downloading the information from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

(42) “Supervised field training” means training received on an ambulance.

(43) “Training center medical director” means the physician who is responsible for medical coordination, direction and conduct of an EMT-intermediate training program.

(44) “2001 Wisconsin revision of the national standard curriculum for training EMTs-intermediate” means the curriculum essential for training EMTs-intermediate that is based on the national standard curriculum for training EMTs-intermediate with adaptations approved by the department.

Note: For a copy of the 2001 Wisconsin revision of the National Standard Intermediate Curriculum, download the information from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm, or write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659, or call 608-266-1568.

History: CR 01-116: Cr. Register February 2002 No. 554, eff. 3-1-02; correction in (2) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573; CR 03-033: am. (36) Register December 2003 No. 576, eff. 1-1-04.

HFS 111.04 Licensing of EMTs—intermediate.

(1) APPLICATION. An individual requesting a license to act as an EMT—intermediate shall comply with all of the following:

(a) Hold a valid EMT—basic license issued by the department or hold current national registry of EMTs certification.

(b) Apply on the current application form available from the department. An individual who will be affiliated with more than one ambulance service shall complete an application form for each ambulance service.

(c) Be at least 18 years of age.

(d) Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

(e) Present documentation that verifies the successful completion of classroom, clinical and field experience training offered by a department approved EMT—intermediate training course within 24 months prior to application, or equivalent training in all areas listed under s. HFS 111.06 (4) and is deemed to be comparable by the department. The training shall include training for responding to acts of terrorism.

(f) Present documentation of passing a department—approved examination under s. 146.50 (6) (a) 3., Stats., taken after successful completion of EMT—intermediate training.

(g) If not currently licensed as a Wisconsin EMT at any level, present documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department. Curriculum approval for CPR courses is based on criteria for content, instructor qualifications, student—instructor ratios, and the course evaluation process as described in the EMS systems and licensing section's policy and procedure manual. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

Note: A copy of the approval criteria for CPR courses is available without charge from the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or by calling 608–266–1568.

(h) If affiliated with an EMT—intermediate ambulance service, present a signed statement from the medical director certifying acceptance of the applicant in the EMT—intermediate program and endorsing the application.

(i) Provide any additional information requested by the department during its review of the application.

Note: For a copy of the application form for issuance of an EMT license, download the form from the DHFS website at www.dhfs.state.wi.us/DPH EMSIP/index.htm, or write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659, or call 608–266–1568.

(2) EXAMINATION. (a) The examination for an EMT—intermediate license shall be administered by the department or the department's designee, at a time and place fixed by the department. The examination shall be based on the content of the 2001 Wisconsin revision of the national standard intermediate curriculum.

(b) An individual who fails to pass the written examination after 3 attempts may not participate in another examination until having presented the department satisfactory documentation of successful completion of at least EMT—intermediate refresher training taken following the third failure. The individual shall pass the examination within 24 months of EMT—intermediate course completion. An individual who fails a fourth examination shall repeat the entire EMT—intermediate training program in order to reapply to take an examination.

(3) ACTION BY THE DEPARTMENT. Within 60 business days after receiving a complete application for an EMT—intermediate license, the department shall either approve the application and issue the license or deny the application. If the application for a license is denied, the department shall explain in writing why the application was denied and shall inform the applicant of the right to appeal that decision under s. HFS 111.08 (5). In this subsection,

“complete application” means a completed application form and documentation that the requirements of sub. (1) (b) to (i) are met.

(4) AUTHORIZED ACTIONS OF EMTs—INTERMEDIATE. An emergency medical technician—intermediate may perform only the following actions:

(a) Administration of basic life support in accordance with skills and medications covered in the national standard curriculum for training EMTs—basic as defined in s. HFS 110.03 (34), administration of basic IV life support in accordance with skills and medications covered in the Wisconsin standard curriculum for training EMTs—basic IV as defined in s. HFS 110.03 (54), and any additional basic life support skills authorized by the medical director and approved by the department.

(b) Administration of the following advanced skills if the EMT—intermediate is affiliated with an EMT—intermediate ambulance service operating under a department—approved EMT—intermediate operational plan and is authorized to administer those skills by the medical director:

1. ‘Advanced life support skills.’ Administration of advanced life support in accordance with skills and medications covered in the 2001 Wisconsin revision of the national standard intermediate curriculum. This includes administration of any of the following skills:

a. Endotracheal intubation.

b. Insertion of IVs for administration of fluids, medications and drawing of blood.

c. Intraosseous infusions.

d. Medication administration via endotracheal tube.

e. Rectal medication administration.

f. Parenteral medication administration.

g. Electrocardiograph interpretation.

h. Treatment of tension pneumothorax.

i. Use of flow—restricted oxygen powered ventilator devices.

j. Non—invasive airway management.

Note: Non—affiliated EMTs—intermediate may not perform any advanced skills described in pars. (a) and (b) because they are not affiliated with an approved ambulance service provider and therefore do not have medical direction.

2. ‘Department approved medications and skills.’ Administration of additional medications and skills approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the State EMS program medical director under s. 146.55 (2m), Stats. Additional skills shall become effective when approved by the department based on the recommendations of the entities in this subdivision and will be incorporated into the next revision of this chapter.

Note: A list of currently approved skills and medications is available without charge from the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or by calling the Section at 608–266–1568.

(c) Handle and transport sick, disabled or injured individuals.

(5) RENEWAL OF A LICENSE. (a) *Notice of renewal.* The department shall send an application form for biennial renewal of a license to the last address shown for the licensee in the department's records. Failure to receive notification does not relieve the licensee of the responsibility to maintain a current license.

Note: Renewal notices are sent to license holders by April 15 of even numbered years.

(b) *Requirements for renewal.* To renew an EMT—intermediate license, a licensee shall, by June 30 of the even—numbered year following initial licensing and every 2 years thereafter, submit to the department all of the following:

1. An application for renewal on a form prescribed by the department.

2. Documentation of certification in CPR after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

3. Documentation that the licensee has, during the biennial licensing period immediately preceding the license application date, successfully completed the refresher training requirements specified under par. (f) 1.

4. If affiliated with an intermediate ambulance service provider, a statement from the medical director of the approved EMT–intermediate program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support as defined in s. HFS 111.03 (5) and in EMT–intermediate skills and is authorized by the medical director of the EMT–intermediate program in which the licensee functions to use those skills.

5. Documentation of current training in advanced cardiac life support, which meets the standards established by the American heart association.

6. Any other documentation that the department deems necessary to prove eligibility for a license.

7. Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., a signed statement that the licensee does not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

(c) *Failure to submit materials by license expiration date.* A licensee who fails to submit the materials described in par. (b) by the license expiration date may not represent himself or herself as, function as or perform the duties of a licensed EMT–intermediate after the date of license expiration.

(d) *Late renewal.* 1. During the first year following license expiration, a license shall be renewed if the licensee submits to the department all of the following:

a. An application for renewal on a form prescribed by the department.

b. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

c. Documentation that the licensee has, within the 24 months immediately preceding the license expiration date, successfully completed the continuing training requirements specified under par. (f) 1.

d. If affiliated with an intermediate ambulance service provider, a signed statement from the medical director of the approved EMT–intermediate operational program attesting to the fact that the licensee retains proficiency in basic life support as defined in s. 146.50 (1) (d), Stats., and in EMT–intermediate skills and is authorized by the medical director of the EMT–intermediate program in which the licensee functions to use those skills.

e. Documentation of current training in advanced cardiac life support, which meets the standards established by the American heart association.

f. Documentation that the licensee meets any additional eligibility requirements for licensure specified in s. 146.50, Stats., or this chapter.

g. Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., a signed statement that the licensee does not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

2. Granting of late renewal under this paragraph does not exempt the licensee from the responsibility to complete the refresher training required under par. (f) 1. within the biennial licensing period for which the renewal license is issued in order to qualify for renewal on the next renewal date.

(e) *Reinstatement of expired license.* 1. The department shall reinstate a license that has been expired for more than one year but

less than 3 years if the applicant submits to the department all of the following:

a. A reinstatement application on a form provided by the department.

b. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

c. Documentation that the applicant has, within the 24 months immediately preceding application, successfully completed the refresher training requirements specified under par. (f) 1.

d. If affiliated with an intermediate ambulance service provider, a signed statement from the medical director of the approved EMT–intermediate program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support and in EMT–intermediate skills and is authorized to use those skills by the medical director of the EMT–intermediate program in which the licensee functions.

e. Present documentation of current training in advanced cardiac life support, which meets the standards established by the American heart association.

f. Documentation that the licensee has passed an examination approved by the department following successful completion of the continuing training required under par. (f) 1.

g. Documentation that the licensee meets any additional eligibility requirements for a license specified in s. 146.50, Stats., or this chapter.

h. Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., a signed statement that the licensee does not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

2. Being granted reinstatement of a license under this paragraph does not exempt the licensee from the responsibility to complete the continuing training requirements specified under par. (f) 1. within the biennial licensing period for which the reinstated license is issued in order to qualify for renewal on the next renewal date.

3. A license that has been expired for 3 or more years shall be reinstated only if the applicant successfully completes the training and examination requirements for the initial EMT–intermediate license within the 24 months immediately preceding application for reinstatement.

(f) *Refresher training requirements.* 1. To be eligible for renewal of an EMT–intermediate license, the licensee shall, during the biennial licensing period when the license is in effect, successfully complete all of the following:

a. An advanced cardiac life support course that meets the standards established by the American heart association.

b. At least 48 hours of training provided by a certified training center, or if affiliated with an intermediate ambulance service provider, a signed statement from the medical director of the approved EMT–intermediate program in which the licensee functions that the licensee has completed 48 hours of training. The training shall be based on and include the knowledge and skills objectives contained in the 2001 Wisconsin revision of the national standard intermediate curriculum, as approved by the medical director and the department.

2. A licensee who submits evidence of having successfully completed, within the 24 months immediately preceding the license renewal date, an EMT–intermediate course, including the knowledge and skills objectives of the national standard curriculum for training EMTs–intermediate, as approved by the department, shall be considered to have met the requirement of subd. 1. b.

(g) *Granting of emergency medical technician–basic or EMT–basic IV license.* A licensee who does not renew an EMT–intermediate license may become licensed as an emergency medical technician–basic or EMT–basic IV if, prior to expiration of the EMT–intermediate license, the licensee does all of the following:

1. Completes all refresher training required under s. HFS 110.05 (5) for the license sought or completes all refresher training required for renewal of an EMT–intermediate license.
2. Files an application for renewal of the license sought that meets the requirements specified in s. 146.50, Stats., and s. HFS 110.05 (5) or 111.04 (5), as appropriate.

Note: For a copy of the application form for issuance or renewal of an EMT license, download the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659, or call 608–266–1568.

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02; CR 02–155: am. (1) (e) Register September 2003 No. 573, eff. 10–1–03.

HFS 111.045 Transition of EMTs–intermediate licensed based on the 1989 national standard curriculum. (1) **SUNSET DATE.** (a) EMTs–intermediate licensed prior to February 1, 2002 will have until June 30, 2006 to change their license level to either the EMT–basic IV license level or the EMT–intermediate license level summarized in this rule. During this interim period, these individuals will be referred to as “provisional EMTs–intermediate”. This section will sunset on June 30, 2006.

(b) Provisional EMTs–intermediate, licensed based on the 1989 national standard curriculum, will automatically become licensed at the EMT–basic IV level as of July 1, 2006 if they meet the requirements to renew at the EMT–basic IV level under s. HFS 110.05 (5).

(c) Provisional EMTs–intermediate, licensed based on the 1989 national standard curriculum, who want to be licensed at the EMT–intermediate level will have until December 31, 2005 to meet the training requirements in sub. (3).

(2) **REQUIREMENTS UNTIL JUNE 30, 2006 FOR PROVISIONAL EMTs–INTERMEDIATE.** (a) EMTs–intermediate licensed based on the 1989 or earlier version of the national standard curriculum will be renamed “provisional EMTs–intermediate” on February 1, 2002. The title “provisional EMTs–intermediate” will end on June 30, 2006.

(b) Provisional EMTs–intermediate, under this subsection, will be allowed to maintain their current scope of practice until June 30, 2006 if they comply with the 2002 and 2004 renewal requirements for the EMT–basic IV level under s. HFS 110.05 (5).

(3) **REQUIREMENTS TO TRANSITION TO THE EMT–INTERMEDIATE LICENSE.** Provisional EMTs–intermediate, who want to be licensed at the EMT–intermediate level shall do all of the following:

(a) By December 31, 2005, complete a department approved EMT–intermediate transition course based on the 2001 Wisconsin revision of the national standard intermediate curriculum within 24 months prior to application.

(b) Complete the application requirements under s. HFS 111.04 (1) (a) to (d) and (f) to (i).

(c) Complete the examination requirements under s. HFS 111.04 (2).

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.

HFS 111.05 EMT–intermediate training permits.

(1) **APPLICATION.** An individual requesting an EMT–intermediate training permit shall comply with all of the following:

- (a) Apply on a form provided by the department.
- (b) Hold a valid EMT license issued by the department or document equivalent training that, at a minimum, meets the national standard curriculum for training EMTs–basic as defined in s. HFS 110.03 (34).

(c) Be at least 18 years of age.

(d) Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

(e) Present documentation of enrollment in department–approved EMT–intermediate training as evidenced by the course registration list.

(f) Provide any additional information requested by the department during its review of the application.

(2) **ACTION BY THE DEPARTMENT.** Within 40 business days after receiving a complete application for an EMT–intermediate training permit, the department shall either approve the application and issue the permit or deny the application. If the application for a permit is denied, the department shall explain in writing why the application was denied and shall inform the applicant of the right to appeal that decision under s. HFS 111.08 (5). In this subsection, “complete application” means a completed application form and documentation that the requirements of sub. (1) (b) to (f) are met.

(3) **RESTRICTIONS.** (a) An individual holding an EMT–intermediate training permit may perform the actions authorized for an EMT–intermediate only if the medical director or a preceptor designated by the medical director or training center medical director is present at the scene and giving direction.

(b) An individual holding an EMT–intermediate training permit is not considered licensed as an EMT–intermediate for purposes of s. HFS 111.07 (2) (u).

(4) **DURATION OF PERMIT.** (a) An EMT–intermediate training permit shall be valid for up to 2 years and may be renewed for one additional year by application made on a form provided by the department and with verification acceptable to the department that the individual is satisfactorily participating in an approved EMT–intermediate training course.

(b) An EMT–intermediate training permit that has been in force for 36 months shall expire and may not be further extended or renewed unless the individual enrolls in another EMT–intermediate training course.

Note: For a copy of the application form for issuance or renewal of an EMT license, download the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659, or call 608–266–1568.

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.

HFS 111.06 EMT–intermediate training. (1) **TRAINING CENTER CERTIFICATION.** (a) EMT–intermediate training shall be provided by training centers certified by the department under this subsection.

(b) Any organization may apply to the department for certification to provide EMT–intermediate training or to offer EMT–intermediate training courses.

(c) Application for training center certification shall be made by letter addressed to the department that includes or attaches all of the following:

1. A description of the capabilities of the organization to train EMTs–intermediate in the provision of emergency medical care in pre–hospital, interfacility and hospital settings. The training shall include training covered in the national standard curriculum for training EMTs–intermediate and shall include additional training approved by the department, including instruction on responding to acts of terrorism. Completion of an NT100 terrorism and hazardous materials awareness training course that meets the requirement for training for response to acts of terrorism. Course material for training for response to acts of terrorism shall be included in all initial and refresher EMT courses beginning January 1, 2003 and shall also be available as a stand–alone course module for EMTs who received training before January 2003. After June 30, 2004, the required refresher training for acts of terrorism shall no longer be the full NT100 terrorism and hazardous materials awareness training course. Prior to June 30, 2004, the

ongoing training requirement shall be determined by the department, in consultation with the EMS advisory board and the Wisconsin technical college system board. The department shall disseminate information on the ongoing training requirement to ambulance providers and training centers and offer multiple training methods.

2. A commitment, signed by a representative of the training center, to provide EMT–intermediate training in accordance with the 2001 Wisconsin revision of the national standard curriculum for training EMTs–intermediate and to comply with relevant requirements of s. 146.50, Stats., and this chapter.

3. A commitment, signed by a training center representative, to retain documentation of attendance, clinical and field competencies and examination scores for 5 years for each EMT enrolled in a course. The training center shall make the documentation available to the department for review upon request.

Note: The purpose of the documentation requirement is to verify meeting Department standards and may be different than the documentation requirements of the Wisconsin Technical College System Board or governing body for the training center. Training centers should check record retention requirements with their parent organization.

4. Identification and documentation of the qualifications of the Wisconsin–licensed physician with responsibility for medical coordination, direction and conduct of the EMT–intermediate training program in his or her role as medical director of the training center. The medical director of the EMT–intermediate operational plan program may serve also as the training center medical director. Materials submitted shall include all of the following:

a. A signed commitment by the training center medical director to accept the responsibilities of serving as training center medical director.

b. Copies of the training center medical director’s resume and Wisconsin physician license.

5. Identification and qualifications of the person who will function as lead EMT–intermediate instructor–coordinator for EMT–intermediate training with specifications of that person’s responsibilities, including a copy of that person’s resume.

6. Identification and a listing of the qualifications of each person who will function as preceptor of EMT–intermediate field training, with specifications of that person’s responsibilities. A copy of the preceptor’s resume shall be kept on file at the training center and made available to the department upon request. The preceptor shall comply with all of the following:

a. Be licensed to at least the EMT–intermediate level, with knowledge of and experience in using EMT–intermediate skills in the emergency setting. Physicians, registered nurses and physician assistants, with training and experience in the pre–hospital emergency care of patients, shall be considered to be trained to at least the EMT–intermediate level.

b. Have a minimum of 2 years experience as a licensed practicing EMT–intermediate at the 2001 EMT–intermediate scope of practice or equivalent as determined by the department and be designated by the service medical director.

Note: The 2001 EMT–intermediate Scope of Practice is available without charge from the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or by calling (608) 266–1568.

c. Present documentation of current training in advanced cardiac life support that meets the standards established by the American heart association.

d. Have responsibility for completing records of the field training of EMT–intermediate students and forwarding them to the training center.

7. Documentation that field training will be provided by a Wisconsin licensed EMT–intermediate or EMT–paramedic provider or providers as evidenced by the signatures of the training center representative, training center medical director and the medical director and operator for all ambulance service providers agreeing to provide supervised field training. A copy of the signed

agreement shall be kept on file at the training center and made available to the department upon request.

8. Provision of a description of how the training center will evaluate the training program and the instructors, and how often that evaluation will occur.

Note: An application for certification of an EMT–intermediate training center should be sent to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(d) Within 60 business days after receiving a complete application for certification of an EMT–intermediate training center, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall explain in writing why the application was denied and shall inform the applicant of the right to appeal that decision under s. HFS 111.08 (5).

(e) An EMT–intermediate training center may not provide EMT–intermediate training until the department has certified the training center under par. (d).

(2) EMT–INTERMEDIATE INSTRUCTOR–COORDINATOR CERTIFICATION. (a) The department, under this subsection, shall certify EMT–intermediate instructor–coordinators. To be certified, an EMT–intermediate instructor coordinator shall comply with all of the following:

1. Have current certification as an EMT–intermediate by the national registry of emergency medical technicians or be eligible for licensure as an EMT–intermediate in Wisconsin based on successful completion of an EMT–intermediate course utilizing the 2001 Wisconsin revision of the national standard EMT–intermediate curriculum. A Wisconsin licensed EMT–paramedic may also serve as an instructor coordinator.

2. Have a minimum of 2 years experience as a licensed practicing EMT–intermediate or equivalent critical care experience as determined by the department.

3. Have a minimum of 150 hours of prior teaching experience at the EMT–intermediate level or above. EMT–intermediate training experience must have occurred while teaching the 1999 EMT–intermediate standard curriculum or EMT–paramedic standard curriculum.

4. Have current certification as a CPR instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals.

Note: A full list of approved CPR organizations is available by contacting the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or calling 608–266–1568.

5. Have current certification as an instructor in advanced cardiac life support by the American heart association or an equivalent organization recognized and approved by the department for providing advanced cardiac life support instruction to health care professionals.

6. Be designated by the training center medical director.

7. Have overall responsibility for day–to–day coordination and administration of all aspects of the training course and maintain all course records for at least 5 years.

8. Have successfully completed an EMS instructor–coordinator orientation workshop conducted by the department and the Wisconsin technical college system board.

Note: Information on the instructor–coordinator workshop is available by contacting the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or calling 608–266–1568.

9. Apply on a form prescribed by the department.

10. Be approved by the department or, if employed by the Wisconsin technical college system board, be jointly approved by the department and the Wisconsin technical college system board.

(b) Certification shall be valid for 2 years and shall be renewed at the end of that period if the necessary requirements for renewal under par. (d) have been met.

(c) Licensure as an EMT–intermediate, certification as a CPR instructor, advanced cardiac life support instructor, and as an EMT–intermediate instructor–coordinator shall be kept current for maintenance of certification.

(d) To renew certification as an EMT–intermediate instructor–coordinator, an instructor–coordinator shall submit to the department documentation of all of the following:

1. Current certification as an EMT–intermediate by the national registry of emergency medical technicians or documentation of current licensure as a Wisconsin EMT–intermediate or Wisconsin EMT–paramedic.

2. Current certification as a CPR instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals.

3. Current certification as an instructor in advanced cardiac life support by the American heart association.

4. Continued employment or affiliation with an approved EMT–intermediate training center.

(3) TRAINING COURSE APPROVAL. (a) Each EMT–intermediate training course offered by a training center certified under sub. (1) is subject to approval by the department under this subsection.

(b) Application for initial course approval shall be made by submitting to the department all of the following:

1. A statement that, at a minimum, all of the items included in the 2001 Wisconsin revision of the national standard intermediate curriculum will be included in the EMT–intermediate training course and identification of the number of hours that will be devoted to classroom training, clinical training and supervised field experience. If a copy of the course curriculum is submitted, it shall include all of the following:

- a. Content and behavioral objectives of the course, including classroom, clinical and supervised field experience phases of training.

Note: For a copy of the 2001 Wisconsin revision of the National Standard Intermediate Curriculum, download the information from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659, or call 608–266–1568.

- b. The specific skills and drugs to be covered.

- c. Hours of instruction for each phase of training.

2. A description of training program operations, including all of the following:

- a. A statement of how students will be screened for acceptance into the training program.

- b. Training and experience prerequisites for the course.

- c. The location of classroom training, how the training will be conducted and the names and qualifications of instructors available to present each topic.

- d. The location of the clinical experience and how the clinical experience will be conducted, the emergency care and training capabilities of the teaching hospital or hospitals, the clinical areas available for hands–on experience and observation for all skills specified in the curriculum to involve hands–on training, the identity and qualifications of the person supervising students' clinical experience and agreement to keep records of student participation using a copy of the form prescribed by the department in documenting the clinical experience that a student received.

- e. How the supervised field experience will be conducted, the content of the field experience, and the qualifications of the person who will supervise the field experience, who may be a physician, a registered nurse, a physician assistant or, if approved in writing by the training center medical director, an EMT–intermediate experienced in providing emergency care.

3. A description of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.

Note: The materials that comprise an application for EMT–intermediate course approval should be sent to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659. Copies of the form for documenting the clinical experience received by students may be obtained from the same office by mail request or by calling 608–266–1568.

(c) Within 60 business days after receiving a complete application for approval of an EMT–intermediate training course, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall give the applicant reasons, in writing, for the denial and shall inform the applicant of the right to appeal that decision under s. HFS 111.08 (5).

(d) Approval by the department of the proposed training course shall be a prerequisite for initiation of EMT–intermediate training. Approval of the training course includes approval of curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program of instruction.

(e) The curriculum and training plans shall be annually reviewed by the training center and revised and resubmitted if the scope of the curriculum changes.

(f) Subsequent applications for course approval using the same curriculum, screening, prerequisites, clinical training, supervised field experience and evaluation may be submitted as a class notification, stating the intention of adhering to the previously approved curriculum and training plan.

(4) TRAINING COURSE CONTENT AND HOURS. (a) An EMT–intermediate training course shall include classroom, clinical and supervised field experience in the skills and medications outlined in the 2001 Wisconsin revision of the national standard EMT–intermediate curriculum. Approval by the department of training on skills or medications that are not included in the Wisconsin EMT–intermediate curriculum is required before the training in those skills or medications can be included in the course.

Note: For a copy of the 2001 Wisconsin revision of the National Standard Intermediate Curriculum, download the information from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659, or call 608–266–1568.

(b) The training course shall include content and behavioral objectives at least equivalent to the 2001 Wisconsin revision of the national standard intermediate curriculum.

(c) A training course shall include a minimum of 335 hours of instruction, divided among classroom, clinical and supervised field training, with a minimum of 225 of these hours spent in the classroom setting and a minimum of 110 of these hours spent in the patient care setting. The clinical and supervised field training shall meet the minimum skill and patient assessment competency requirements identified by the department.

(d) The training course to transition from the provisional EMT–intermediate to the EMT–intermediate level shall include a minimum of 250 hours of instruction, divided among classroom, clinical and supervised field training, with a minimum of 175 of these hours spent in the classroom setting and a minimum of 75 of these hours spent in the patient care setting. The clinical and supervised field training shall meet the minimum skill and patient assessment competency requirements identified by the department.

Note: A summary of the skill and assessment competency requirements necessary to complete the clinical training experience is part of the 2001 Wisconsin revision of the national standard intermediate curriculum and is available by contacting the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or 608–266–1568.

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02; CR 02–155: am. (1) (c) 1. Register September 2003 No. 573, eff. 10–1–03.

HFS 111.07 EMT–intermediate operational plan.

(1) PLAN SUBMISSION. (a) A county, city, town, village, hospital, ambulance service provider or any combination of these that seek to use EMTs–intermediate for the delivery of emergency care and transportation shall first submit to the department an EMT–intermediate operational plan with contents as specified in sub. (2) for department review and approval. Prior to plan submission, the

provider shall complete a feasibility study to determine the need for and cost of an EMT–intermediate service and hold a community meeting to receive input from local residents.

Note: Information on what is included in a feasibility study is provided in the “Wisconsin EMT–Intermediate Community Planning Guide.” The Guide may be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659 or by calling 608–266–1568.

(b) For provision of EMT–intermediate care, there shall be an operational plan and the provider shall be licensed under s. HFS 110.04. Department approval of the plan and issuance of the license are conditions for initiation of EMT–intermediate service.

(2) REQUIRED ELEMENTS OF EMT–INTERMEDIATE OPERATIONAL PLAN. To be approved, an EMT–intermediate operational plan shall include all of the following elements:

(a) The name of the person submitting the plan and the name of the ambulance service.

(b) The names of the medical director, medical control hospital or hospitals and the physicians designated by the medical director to provide day–to–day medical control.

(c) The name or names of the certified EMT training centers that will be used to provide EMT training.

Note: If training will be conducted by an EMT training center that is not currently approved by the department, see s. HFS 111.06 (1) for training center requirements.

(d) Signatures of the person responsible for the ambulance service, the medical director, a representative of the medical control hospital, a representative of each of the receiving hospitals in the ambulance service provider’s primary service area and a training center representative indicating their willingness to participate in the program, to fulfill their responsibilities as described in the plan and to adhere to the requirements of this chapter.

(e) A description of how the licensed ambulance service provider will use EMTs–intermediate in the system and the service area covered by the provider. A map of the service area shall be included.

(f) A description of the communication system for providing medical control to EMT–intermediate personnel. When installing communications equipment in ambulances, the ambulance service provider shall comply with the specifications and standards of the Wisconsin statewide emergency medical services communications system. All ambulances shall have direct radio contact with a hospital emergency department on the designated ambulance–to–hospital frequency. There shall be 2–way voice communication between every ambulance and the medical control physician, including, in addition to a mobile radio in the ambulance, a portable means of communication capable of being operated from the patient’s side.

Note: The referenced specifications and standards are found in the Wisconsin Emergency Medical Services Communication Standards and Guidelines. A copy may be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659 or by calling 608–266–1568.

(g) A description of how ambulance requests are dispatched, including who does the dispatching, whether or not dispatchers are medically trained and whether or not dispatchers give pre–arrival instructions.

(h) A description of the methods by which continuing education and continuing competency of EMT–intermediate personnel will be assured.

(i) A description of the relationship of the proposed EMT–intermediate services to other emergency medical and public safety services in the geographic area covered in the plan.

(j) A description of the integration of the EMT–intermediate service with the local, county or regional disaster preparedness plan.

(k) Evidence of local commitment to the proposed program to include letters of endorsement by local and regional medical, governmental and emergency medical services agencies and authorities and EMS councils where they exist.

(L) A quality assurance and improvement plan including the name of the quality assurance director, copies of policies and pro-

cedures to be used in medical control, implementation and evaluation of the program.

(m) A description of the method of data collection and a written agreement to submit data to the department when requested by the department.

(n) A roster of individuals holding EMT licenses and training permits affiliated with the ambulance service provider or completed applications for any individuals being initially licensed with the provider.

(o) Protocols for EMT–intermediate use of specific drugs, equipment and skills approved and signed by the medical director, that describe how medical treatment will be provided and at what point in a protocol direct voice authorization of a physician is required.

(p) Evidence that insurance coverage required by ss. 146.50 (6) (c) and 146.55 (7), Stats., is in force or will be in force when emergency medical service begins.

(q) Evidence that all ambulances to be used by EMTs–intermediate have been inspected or approved by the Wisconsin department of transportation within the 6 months preceding submission of the plan and meet the requirements of ch. Trans 309. An ambulance shall carry equipment and supplies that comply with ch. Trans 309 and that are necessary to effectively render EMT–intermediate services as described in the operational plan.

(r) Written agreement to use the department’s ambulance report form or a copy of an alternative report form to be reviewed by the department for approval. The ambulance service provider shall document all ambulance runs on this report form. The ambulance report form is a medical record. A copy of the form shall be given to the receiving facility and the provider shall keep a copy.

(s) Written mutual aid and backup agreements with other ambulance services in the area included in the plan.

(t) A list of first responder groups that respond with the ambulance service.

(u) Written commitment by an ambulance service provider using EMTs–intermediate to staff an ambulance to meet the following EMT–intermediate requirements:

1. When a patient is being transported in a prehospital setting, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons as provided under either of the following:

a. Any 2 EMTs–intermediate, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof.

b. One EMT–intermediate, licensed registered nurse, licensed physician assistant or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT–basic.

2. When a patient is being transported during an interfacility transfer, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons who comply with the scope of practice statement for interfacility transfers, which is based on the applicable provisions of 42 USC 1395dd.

Note: Staffing for patients that do not clearly fall into a category described in the Scope of Practice Statement for Interfacility Transfers should be discussed with the transferring institution and physician prior to transport. A copy of the Scope of Practice Statement for Interfacility Transfers document is available by contacting the EMS Systems and Licensing Section, Division of Health, P.O. Box 2659, Madison, WI 53701–2659 or calling 608–266–1568 or by downloading the information from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

3. The ambulance service provider shall ensure that a licensed EMT–intermediate, licensed registered nurse, licensed physician assistant or physician who is trained in the use of all skills the service is authorized to provide is in the patient compartment with the patient at all times during the transportation of a patient requiring EMT–intermediate equipment and treatment skills.

4. The provider shall ensure that 24 hour per day, 7 day per week EMT–intermediate emergency ambulance response is

available to the primary service area covered by the ambulance service, except as provided in subs. (4) to (7). The assurance requires a roster of sufficient licensed staff to operate the proposed ambulance service in conformance with the requirements of s. 146.50, Stats., and this chapter.

Note: A community planning guide to assist in the development of an EMT–intermediate operational plan is available from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659 or by calling 608–266–1568.

(3) EMT–INTERMEDIATE 24-MONTH PHASE-IN OF FULL-TIME COVERAGE. (a) An applicant developing an EMT–intermediate operational plan to provide full-time year around service may, if a hardship can be documented, request approval by the department of a phase–in period of up to 24 months to achieve provision of full-time EMT–intermediate coverage. Phase–in of EMT–intermediate coverage requires an EMT–intermediate operational plan and that the provider be licensed under s. HFS 110.04.

(b) An applicant wanting to provide EMT–intermediate coverage over a phase–in period shall submit an operational plan to the department that includes all the elements under sub. (2), except for the requirement to provide continuous coverage under sub. (2) (u) 4. In addition, the applicant shall submit all of the following:

1. A description, in detail, of why the phase–in period is necessary, how the phase–in will be accomplished and the specific date, not to exceed 24 months from the initiation of the part–time intermediate service, that full-time intermediate service will be achieved.

2. A description of how quality assurance and intermediate skill proficiency will be evaluated.

(c) If the department approves an ambulance service provider to provide EMT–intermediate service during a phase–in period, the department shall issue a provisional license for the duration of the phase–in period. An EMT–intermediate ambulance service provider that does not achieve full-time coverage within the approved phase–in period, 24 months maximum, shall cease providing EMT–intermediate service until able to provide full-time coverage and shall revert back to providing EMT–basic IV or EMT–basic service.

(4) INTERFACILITY INTERMEDIATE PLAN. (a) In this subsection, “EMT–intermediate interfacility coverage” means scheduled or prearranged transportation and non–emergent care of a patient between health care facilities. Interfacility transports may also include emergency transports between health care facilities based on local protocol.

(b) To provide EMT–intermediate interfacility coverage, an ambulance service provider shall be licensed under s. HFS 110.04 and shall operate under the operational plan approved by the department.

(c) If an ambulance service provider wants to provide EMT–intermediate interfacility coverage, the provider shall submit to the department an operational plan that describes how interfacility intermediate services will be provided. An ambulance service already approved to provide prehospital EMT–intermediate services may amend its existing plan to include interfacility coverage.

(d) To be approved, an EMT–intermediate interfacility operational plan shall include all the elements under sub. (2) and shall, in addition, do all of the following:

1. Describe the types of patients who will be transported.
2. Meet all requirements of the scope of practice statement for interfacility transfers that apply to the condition of the patient being transported.

(5) SPECIAL EVENT INTERMEDIATE PLAN. (a) In this subsection, “special event EMT–intermediate coverage” means prehospital EMT–intermediate service provided at a specific site for the duration of a temporary event which is outside the ambulance service provider’s primary service area or at a higher license level.

(b) Special event EMT–intermediate coverage requires an operational plan and that the provider be licensed under s. HFS 110.04. If the special event EMT–intermediate license application is at a higher level of care than the service is currently licensed to provide, a specific operational plan for special events shall be submitted and approved that includes all the elements under sub. (2) that differ from the existing approved operational plan.

(c) If the special event EMT–intermediate coverage is outside an ambulance service provider’s primary prehospital service area, the ambulance service provider shall submit an operational plan that meets all the elements required under sub. (2) that differ from the existing approved operational plan and also addresses how the ambulance service applying for special event coverage will work in conjunction with the primary emergency response ambulance service in the area.

(6) SEASONAL INTERMEDIATE PLAN. (a) In this subsection, “seasonal EMT–intermediate coverage” means prehospital EMT–intermediate service provided during specific times of the year when the population of an area has substantially increased, as described in par. (d), for a minimum of 30 consecutive days and EMT–intermediate service is maintained on a 24 hour per day, 7 days per week basis for the duration of the population influx.

(b) To provide seasonal EMT–intermediate coverage, an ambulance service shall be licensed under s. HFS 110.04 and shall operate under an operational plan approved by the department.

(c) An ambulance service provider wanting to provide seasonal intermediate coverage shall submit to the department an operational plan that describes how prehospital EMT–intermediate service will be provided on a seasonal basis. Once the department initially approves a plan for seasonal EMT–intermediate service, the ambulance service provider shall arrange for renewal of the approval annually by submitting a letter to the department. Any changes to the original plan shall be stated in the letter. The letter shall also include an updated roster of EMTs, proof of insurance coverage and documentation that all vehicles are approved under ch. Trans 309.

(d) To be approved, an EMT–intermediate operational plan for seasonal intermediate coverage shall meet all the requirements under sub. (2) and shall, in addition, do all of the following:

1. Describe the characteristics of the area that demonstrate population fluctuation, including all of the following:

- a. Dates during which population increases take place and EMT–intermediate service would be available and how the public is notified of the change in level of service.

- b. Approximate population served during the increase.

- c. Reason for the population increase.

2. Describe the geographic area covered by the provider.

3. Describe EMT–intermediate staffing, including all of the following:

- a. How EMT–intermediate personnel will be provided.

- b. Number of EMTs–intermediate required to provide full-time coverage.

- c. Number of ambulances.

- d. Location of ambulances in region.

4. Describe how quality assurance of the system will be achieved.

5. Describe how EMT–intermediate personnel will be used and how they will maintain proficiency in skills in the off–season.

6. Include agreements with the primary ambulance service provider, the local medical director and the receiving health care facilities in the area that describe how services will be integrated or mutual aid provided.

7. Describe in detail why EMT–intermediate service is not feasible or necessary in the area on a full-time year–round basis.

(7) MEDICAL DIRECTOR ROLES AND RESPONSIBILITIES. (a) *Medical supervision.* An emergency medical technician–intermediate

program shall be under the medical supervision of a medical director identified in the EMT–intermediate operational plan. Upon signing the EMT–intermediate operational plan, the medical director shall be responsible for the medical aspects of implementation of the EMT–intermediate training and operation carried out under the plan and shall do all of the following:

1. Select, approve or designate the personnel who will train and medically supervise emergency medical technician personnel, the program coordinator and the training course instructor for an EMT–intermediate refresher course if the course is offered outside of a certified EMT–intermediate training center.
2. Ensure that physicians providing on–line medical control will provide medical control in a manner consistent with the operational plan.
3. Sign the protocol or protocols that will be used by emergency medical technician personnel in providing services under the plan.
4. Ensure that all aspects of the EMT–intermediate program are under constant medical supervision and direction.
5. Establish, in consultation with any other physicians involved in the plan, medical control and evaluation policies and procedures for the program.
6. Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, certified training center, ambulance service providers and emergency medical technicians in the emergency medical technician program.
7. Ensure that the findings and recommendations of the quality assurance program described as part of the operational plan under sub. (2) are implemented.
8. Ensure that the emergency medical services program operates in conformance with the approved plan, this section and within the current scope of EMT–intermediate authorized actions under s. HFS 111.04 (4).
9. Approve qualified EMTs–intermediate to perform any skills that are contained in the list of authorized actions of EMTs–intermediate under s. HFS 111.04 (4).
10. Withdraw medical approval from any EMT–intermediate to perform one, more than one, or all EMT–intermediate and EMT–basic skills, if the EMT–intermediate has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or needs remedial training to properly treat patients. Upon withdrawing medical approval, the medical director and ambulance service medical director shall also develop a course of action for remediation of the EMT–intermediate, with a timeline for completion and return to full service if the EMT–intermediate wants to return to service. The EMT–intermediate shall be restricted from providing one, more than one, or all EMT–intermediate service until the medical director has reviewed the individual’s performance and approves the individual to return to full service. The program medical director or service medical director shall immediately inform the department in writing of the restriction on the individual and shall inform the department of the date the individual is returned to full service.

(b) *Designation of on–line medical control physicians.* The medical director shall designate each on–line medical control physician. An on–line medical control physician shall agree to provide medical control instructions consistent with the approved protocol and be all of the following:

1. Familiar with the design and operation of the emergency medical technician program under the plan.
2. Experienced in medical control and supervision of prehospital emergency care of the acutely ill or injured.
3. Willing to participate in medical control and evaluation activities in the emergency medical technician program.

4. Familiar with the protocol to be used for the provision of medical control and capable of providing medical control consistent with the protocol by means of the telecommunication devices used in the program.

5. A Wisconsin licensed physician.

(c) *Other roles filled by the medical director.* The medical director may also serve as training course medical director or program medical director, or both.

Note: Under s. HFS 110.045 (3), an ambulance service is required to have a medical director who has direct oversight for the medical aspects of the service. The service may also have a program medical director who has oversight for common protocols for several services working in a coordinated geographical area.

(8) REVIEW AND DECISION. (a) The department shall, within 60 business days following receipt of a complete EMT–intermediate operational plan, either approve or disapprove the plan. If the plan is disapproved, the department shall give the applicant reasons, in writing, for disapproval and shall inform the applicant of the right to appeal the decision under s. HFS 111.08 (5).

(b) The department’s approval of a plan shall be based on the department’s determination that the plan meets the requirements of this section and on a site visit to the area included in the plan.

(9) IMPLEMENTATION. (a) Following department approval of an EMT–intermediate operational plan, all persons named in the plan may implement the program.

(b) An ambulance service provider shall immediately inform the department of any changes to the operational plan that alter the hospital, medical director or ambulance service provider involved, or the training program or EMT–intermediate program operations included in an approved plan. The changes shall be approved by the department for the operational plan to be revised.

(10) CONTINUED APPROVAL. Continuation of approval of an EMT–intermediate operational plan shall depend on continuous conformance of the plan with the requirements in subs. (2) and (4), as determined by a joint review of the plan by the department and the ambulance service provider every 2 years.

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.

HFS 111.08 Enforcement. **(1) DENIAL OF LICENSE, PERMIT OR CERTIFICATION; NONRENEWAL; SUSPENSION; OR REVOCATION OF LICENSE, PERMIT, TRAINING CENTER CERTIFICATION OR EMT–INTERMEDIATE INSTRUCTOR–COORDINATOR CERTIFICATION.** The department may deny, refuse to renew, suspend or revoke an EMT–intermediate license or training permit, a training center certification or an EMT–intermediate instructor–coordinator certification after providing the applicant, licensee, training permit holder, certified training center or certified EMT–intermediate instructor–coordinator with written notice of the proposed action and written notice of opportunity for a hearing under sub. (5) if the department makes a finding of any of the following:

- (a) The applicant, licensee, permit holder, certified training center or certified EMT–intermediate instructor–coordinator does not meet the eligibility requirements established in s. 146.50, Stats., or this chapter.
- (b) The licensing examination was completed through error or fraud.
- (c) The license, permit or certification was obtained through error or fraud.
- (d) The licensee or permit holder violated any provision of s. 146.50, Stats., or this chapter.
- (e) The licensee or permit holder has committed or has permitted, aided or abetted the commission of an unlawful act that, as determined by the department, substantially relates to performance of the licensee’s or permit holder’s duties as an EMT.
- (f) The licensee or permit holder has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or permit.

(g) The licensee or permit holder has acted as an EMT–intermediate without maintaining certification in CPR for health care professionals as approved by the department.

(h) The certified training center or certified EMT–intermediate instructor–coordinator has failed to adhere to the requirements under s. HFS 111.06.

(2) EMERGENCY SUSPENSION OF LICENSE, PERMIT OR CERTIFICATION. (a) The department may summarily suspend an EMT–intermediate license, EMT–intermediate training permit, training center certification or EMT–intermediate instructor–coordinator certification when the department has probable cause to believe that the licensee, permit holder, certified training center or certified EMT–intermediate instructor–coordinator has violated any provision of s. 146.50, Stats., or this chapter, and that it is necessary to suspend the license or permit immediately, without advance written notice, to protect the public health, safety or welfare.

(b) Written notice of the suspension and the right to request a hearing shall be sent to the licensee, permit holder or certified training center within 48 hours after the suspension takes place. Receipt of notice is presumed within 5 days of the date the notice was mailed. If the licensee, permit holder or certified training center desires a hearing, a request for hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice of suspension. A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The suspension of the license or permit shall remain in effect until a final decision is rendered.

Note: A hearing request should be addressed to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI or submitted by facsimile to 608–264–9885.

(3) EFFECT ON THE LICENSE OF AN EMT–INTERMEDIATE WHEN MEDICAL AUTHORIZATION IS WITHDRAWN TO USE INTERMEDIATE SKILLS. The service medical director may withdraw medical approval from any EMT–intermediate to perform one, more than one, or all EMT–intermediate skills if the licensee has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or needs remedial training to properly treat patients. The EMT–intermediate may be restricted from providing one, more than one, or all EMT–intermediate service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The medical director shall immediately inform the department in writing of the restriction on the individual and shall inform the department of the date the individual is returned to full service. An action taken by the medical director does not affect an emergency medical technician's license unless action is also taken under sub. (1) or (2) against the individual holding the EMT license.

(4) COMPLAINTS. The department may, upon receipt of a complaint or on its own volition, investigate alleged violations of s.

146.50, Stats., or this chapter. An authorized employee or agent of the department, upon presentation of identification, shall be permitted to examine equipment or vehicles or enter the offices of the licensee during business hours without advance notice or at any other reasonable prearranged time. The authorized employee or agent of the department shall be permitted to inspect and review all equipment and vehicles and inspect, review and reproduce records of the licensee pertinent to the requirements of s. 146.50, Stats., and this chapter, including but not limited to administrative records, personnel records, records of ambulance runs, training records and vehicle records. The right to inspect, review and reproduce records applies regardless of whether the records are maintained in written, electronic or other form.

(5) APPEAL. If, under sub. (1), the department denies, refuses to renew, suspends or revokes an EMT–intermediate license or training permit, a training center certification or an EMT–intermediate instructor–coordinator certification, the department shall send written notice of the action to the affected party within 48 hours after the action takes place. Receipt of the notice is presumed within 5 days of the date the notice is mailed. The applicant, licensee, permit holder, certified training center or certified EMT–intermediate instructor–coordinator may request a hearing under ch. 227, Stats. The request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice required under sub. (1). A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for the hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The denial, refusal to renew, suspension or revocation shall remain in effect until a final decision is rendered.

Note: A hearing request should be addressed to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI or submitted by facsimile to 608–264–9885.

(6) REPRIMANDS. The department may reprimand a licensee, permit holder, certified training center or certified EMT–intermediate instructor–coordinator if the department finds that the licensee, permit holder, certified training center or certified EMT–paramedic instructor–coordinator falls within any of the circumstances specified in sub. (1) (a) to (h). The department's issuance of the reprimand shall constitute the final decision of the department and is not subject to a hearing under sub. (5).

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.

HFS 111.09 Waivers. The department may waive any nonstatutory requirement under this chapter, upon written request, if the department finds that strict enforcement of the requirement will create an unreasonable hardship for the provider and the public in meeting the emergency medical service needs of an area and that waiver of the requirement will not adversely affect the health, safety or welfare of patients or the general public. The department's denial of a request for a waiver shall constitute the final decision of the department and is not subject to a hearing under s. HFS 111.08 (5).

History: CR 01–116: Cr. Register February 2002 No. 554, eff. 3–1–02.